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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD12-0037	A. BUILDING _____ B. WING _____	06/19/2008

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SYMBRAL	133 HAMILTON ST, NW WASHINGTON, DC 20011

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I 000	INITIAL COMMENTS A licensure survey was conducted from June 18, 2008 through June 19, 2008. The census at Group Home at the time of the survey was two males. Both residents were included in the sample. The findings of the survey was based on observation, interviews with residents and staff, and the review of clinical and administrative records including incident reports.	I 000	Received 8/14/08 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
I 058	3502.16 MEAL SERVICE / DINING AREAS A review and consultation by a dietitian or nutritionist shall be conducted at least quarterly to ensure that each resident who has been prescribed a modified diet receives adequate nutrition according to his or her Individual Habilitation Plan. This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to ensure its residents was evaluated by a nutritionist for one of the two residents in the sample. (Client's #1) The finding includes: On June 18, 2008, Resident #1 arrived at the group home at approximately 6:20 PM. He was very tall and obese. Resident #1 was prescribed a low fat low cholesterol diet. According to a nutritional evaluation dated December 21, 2006, the resident's desired body weight (DBW) was 136-179 pounds. Resident #1's current weight was 271 pounds (92 pounds above his DBW). The resident was evaluated again on May 9, 2007. At that time, the dietician indicated to	I 058	The individual is scheduled to have a nutritional update on 8/14/08. Symbral will ensure that individual with modified diet receive annual and quarterly updates as directed. Should the nutritionist recommend a different monitor schedule or the individual refuses the Charge Nurse will document the individual records.	8/14/08 and ongoing

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Juanne Mohammed TITLE CEO (X6) DATE 8/13/08

STATE FORM MMM P18K11 If continuation sheet 1 of 1

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I 058	Continued From page 1 continue the low cholesterol diet, encourage physical activity and "return visit per program protocol". The chart reflected that the resident was scheduled for a nutritional assessment on May 7, 2008. The resident was not seen by the nutritionist and the consultation has rescheduled for August 14, 2008. The chart did not reflect that the resident's nutritional status was evaluated at least quarterly. Interview with the House Manager on June 19, 2008 acknowledged that the clients nutritional status had not been monitored quarterly by the nutritionist.	I 058		
I 060	3502.18 MEAL SERVICE / DINING AREAS Perishable foods shall be stored at proper temperatures in order to conserve nutritive value. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that perishable food was stored under the proper temperatures. The finding includes: The temperature reading on the thermometer in the refrigerator in the basement was 60 degrees. There was a bottle of orange juice in the refrigerator. The orange juice had mold in it. The House Manager accompanied the surveyor during the environment inspection and was aware of the aforementioned observation.	I 060	The refrigerator has been removed from service. Staff will be inserviced on proper storage of perishable food.	8/20/08
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive,	I 090		

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I 090	Continued From page 2 and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation, the GHMRP failed to ensure the interior and exterior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. The findings include: Observations of the GHMRP's environment on June 19, 2008 revealed the following: 1. Resident #1's bedroom window sills had chipped paint. 2. Under the radiator in the first floor bathroom was dirty and grimy.	I 090	The window sills of Bedroom #1 have been scraped and painted. The House Manager has been instructed to inspect the environment on a monthly basis. QA will monitor quarterly. The area under radiator in the first floor bathroom has been scraped and cleaned of the debris. Staff have been inserviced concerning house - keeping. The House Manager has been instructed to inspect the environment on a monthly basis. QA will monitor quarterly.	8/5/08 8/20/08
I 135	3505.5 FIRE SAFETY Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Based on interview and record review the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure that each shift conducted a fire drill four times a year. The finding includes: Interview with the Qualified Mental Retardation	I 135		

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I 135	Continued From page 3 Professional and review of the staff pattern on June 18, 2008 at 2:00 PM revealed the following staffing schedule: Monday - Friday 7:00 AM - 3:00 PM; 3:00 PM -11:00 AM; and 11:00 AM - 9:00 AM. Saturday - Sunday 9:00 AM - 9:00 PM; and 9:00 PM - 9:00 AM Review of the fire drills log revealed that the 9:00 AM - 9:00 PM and 9:00 PM - 9:00 AM failed to hold evacuation drills. The 7:00 AM - 3:00 PM shift had one fire drill on January 17, 2008.	I 135	Staff have been instructed to complete a fire drill once per month per shift including 7am - 3pm, 9am - 9pm and 9pm - 9am. The House Manger will monitor on a monthly basis and QA will monitor quarterly.	8/30/08 and ongoing
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to provide evidence that the supervisor discussed the contents of job descriptions with each employee at the beginning of their employment and annually thereafter. The finding includes: Review of the personnel files on June 19, 2008 failed to provide evidence that the following staff had their job descriptions discussed with them annually: Staff #3, Staff #4, the LPN and the RN	I 203	Symbral will ensure staff job descriptions are signed and updated on an annual basis. QA will monitor on a quarterly basis. The employee files for Staff #4 and RN are available for review. Symbral will ensure that personnel files are available during survey.	8/30/08

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I 203	Continued From page 4 It should be noted that the GHMRP failed to have files available, during the survey, personnel files for Staff #4 and the facility's Registered Nurse.	I 203		
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current health certificates for employees and professional staff. The finding includes: Review of the personnel files on June 19, 2008, the GHMRP failed to provide current health certification for the following personnel: RN, Primary Care Physician, and Podiatrist.	I 206	Health certificates have been secured and are available for the RN, Primary Care Physician and Podiatrist	8/30/08
I 224	3510.5(a) STAFF TRAINING Each training program shall include, but not be limited to, the following: (a) Overview of mental retardation including, but not limited to, definition, causes of mental retardation, associated health implications, and frequently used medications, the history of care of individuals with mental retardation, and daily living skills;	I 224	Staff will receive training on the Overview of Mental Retardation. QA will monitor training records on a quarterly basis to ensure compliance.	8/30/08

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I 224	Continued From page 5 This Statute is not met as evidenced by: Based on record review, the GHMRP failed to include training in overveiw of mental retardation to each staff. The finding includes: Review of the training records on June 19, 2008, revealed that the GHMRP failed to provide training in overview of mental retardation.	I 224		
I 225	3510.5(b) STAFF TRAINING Each training program shall include, but not be limited to, the following: (b) Human development through the life cycle (birth to death); This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure training was provide to each staff. The finding includes: Review of the training records on June 19, 2008 revealed that the GHMRP failed to provide training in Human Development.	I 225	Staff will receive training on the human development through the life cycle (birth to death). QA will monitor training records on a quarterly basis to ensure compliance.	8/30/08
I 228	3510.5(e) STAFF TRAINING Each training program shall include, but not be limited to, the following: (e) Resident ' s rights; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to	I 228	Staff will receive training on the Resident's Rights. QA will monitor training records on a quarterly basis to ensure compliance.	8/30/08

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I 228	Continued From page 6 provide training to each staff on Resident's Rights. The finding includes: Review of the training records on June 19, 2008 revealed that the GHMRP failed to provide training in Resident's Rights.	I 228		
I 271	3513.1(b) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following administrative records: (b) Personnel records for all staff including job descriptions either at the GHMRP or in a central office and made available upon request; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence of all direct care staff and professional staffs personnel records. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) on June 19, 2008 and review of the GHMRP's personnel files on the same date revealed the facility failed to provide evidence of personnel records for Staff #4, the RN, the Primary Care Physician (PCP) and the Podiatrist.	I 271	Symbral will ensure that the employee files for Staff #4, the primary Care Physician , RN and the Podiatrist are available for review during survey.	8/30/08
I 291	3514.2 RESIDENT RECORDS Each record shall be kept current, dated, and signed by each individual who makes an entry.	I 291		

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I 291	Continued From page 7 This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that persons making entries into the medical record were signed. The finding includes: Interview with the House Manager and review of Resident #2's record on June 18 and 19, 2008, revealed several entries by the House Manager that were not signed.	I 291	Staff and House Manager will receive training concerning complete and accurate program documentation. QA will monitor training records on a quarterly basis to ensure compliance.	8/30/08
I 390	3520.1 PROFESSION SERVICES: GENERAL PROVISIONS Each resident of a GHMRP, regardless of his or her age or degree of disability, shall receive the professional services required to meet his or her needs as identified in his or her individual habilitation plan in accordance with the current " Outcome Performance Measures " from the " Council on Quality and Leadership in Support for People With Disabilities " (Council) and to the extent of funds appropriated for purposes of D.C. Law 2-137, as amended. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure residents receive services in accordance to their needs for one of the two residents in the facility. (Resident #2) The findings include: 1. The GHMRP's nursing staff failed to ensure Resident #2's blood pressure was checked three times per week as ordered by the Primary Care Physician.	I 390	1.The medication nurse have been re-inserviced on timely and completed recordation of vitals signs as ordered. The RN Case Manager will review on a monthly and quarterly basis.	8/30/08 and ongoing

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I 390	Continued From page 8 Review of the current physician order on June 18, 2008 revealed that the Client #2 had a diagnosis of hypertension. The client was prescribed three medications (Norvasc 10 mg, Simvastatin 40 mg and Triamterene with Hydrochlorothiazide 37.5 mg) to control his hypertension. The June 2008 medication administration record reflected that the blood pressure had been recorded twice (June 6 and June 13, 2008). The information was shared with the House Manager who was present throughout the survey. 2. The GHMRP's failed to ensure Resident #2's was evaluated by a Speech and Language (S/L) Pathologist as recommended by the Psychologist. Resident #2 was observed in the GHMRP on June 18, 2008. He was able to understand the questions asked by the surveyor; however, it was difficult to understand his response. Resident #2's psychological evaluation dated January 14, 2008 was reviewed on June 19, 2008. The evaluation recommended a S/L evaluation to assess the need for services. The records failed to show evidence that the client was evaluated by S/L Pathologist. 3. The GHMRP failed to ensure timely dental follow-up. Review of Resident #2's medical record on June 19, 2008 revealed that the resident receive full mouth scaling on July 25, 2007. It was recommended that the client follow-up in six months. Although the records reflected that the resident return to the dentist for follow-up services, there was no evidence of that appointment. Interview with the House Manager on the same day revealed that the resident was	I 390	The referral for a vendor to complete the Speech Language Evaluation is being completed by the DDS Case Manager. There was a delay in completing the dental follow-up because of the delayed processes of receiving the prior authorization from MAA. The Charge Nurse will document in the individual records any barriers in completing required screening.	9/15/08 9/15/08

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I 390	Continued From page 9 evaluation on June 16, 2008	I 390		
I 484	3522.11 MEDICATIONS Each GHMRP shall promptly destroy prescribed medication that is discontinued by the physician or has reached the expiration date, or has a worn, illegible, or missing label. This Statute is not met as evidenced by: Based on observation, the GHMRP failed to ensure medications were labeled. The finding includes: During the inspection of the environment in Resident's #1 bedroom on June 19, 2008, it was discovered that prescribed medication 1.1%Prevident Freshmint had no label on it. The House Manager accompanied the surveyor during the environment inspection and was aware of the aforementioned observation.	I 484	The medication nurse will review all stored and treatment medication when the medication cycle changes to ensure outdated medication is properly discarded. Staff have been instructed to inform the nurse of any outdated treatments.	8/4/06

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R 124	4701.4 BACKGROUND CHECK REQUIREMENT The facility shall obtain a criminal background check from the Metropolitan Police Department, from the U.S. Department of Justice, or from a private agency. This Statute is not met as evidenced by: Based on interview and review of the records the GHMRP failed to ensure all direct care staff had obtained a criminal background check from the Metropolitan Police Department, from the U.S. Department of Justice, or from a private agency. The finding includes: Review of the personnel records on June 19, 2008, at 11:30 AM failed to evidence a criminal background check for two of five staff. (Staff #3 and #4)	R 124	The background clearance has been secured for staff #3 and #4. Administrative personnel will ensure that files are completed before staff is given work assignment. QA will review all new hires within 30 days of start to ensure compliance	8/30/08

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Juanne Mohammed TITLE CEO (X6) DATE 8/13/08

STATE FORM 6899 P1BK11 If continuation sheet 1 of 1